



STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
Quarterly Claims Settlement Practices Report

1 Plan File Number _____ Plan types in their file number and Plan name & address autofill Auto Select Year and Month
Qtr Ending _____
Year _____ Month _____

2 Plan Name _____
Address _____

3. Designated Principal Officer _____ 4. Survey Preparer _____
E-mail _____ E-Mail _____
Phone Number _____ Phone Number _____

5. Separately identify and complete Part II of this report for each of the Plan's capitated providers that pay claims (capitated providers) or claims processing organization that has failed to timely reimburse at least 95% of complete claims with the correct payment, including interest and penalties due and owing, for the reporting period. (FN1)

RBO/Capitated Provider/Claims Processing Organization ID Number	Name and Address
_____	_____
_____	_____
_____	_____

Nothing to Report

6. Separately identify and complete Part III of this report for each of the Plan's capitated providers or claims processing organizations that has failed to meet any of the standards set forth in Part III.

RBO/Capitated Provider/Claims Processing ID Number	Name and Address
_____	_____
_____	_____
_____	_____

Nothing to Report

7. Plan Verification

A. I certify (or declare) that I have read and reviewed the above-referenced Quarterly Claims Settlement Practices Report and all attachments thereto and know the contents thereof, and that the statements therein are true and correct to the best of my knowledge and belief.

Date

Designated Principal Officer

(FN1) The compliance determination shall be made by averaging the organization's claims payment timeliness over the entire reporting period. If an organization is deficient in an individual month but compliant for the overall reporting period, the plan does not need to report that organization.

Quarterly Claims Settlement Practices Report – Part II

Reporting Period _____

RBO/Capitated Provider/Claims Processing Organization

Timeliness Table: Submit for each Capitated Provider that pays claims (capitated provider) or Claims Processing Organization with claims payment deficiency.

RBO/Capitated Provider # _____

–		Month Ending January 2004	Month Ending Feb. 2004	Month Ending March 2004	Total Quarterly
1.	Number of Claims paid, denied, adjusted or contested (FN2)				
2.	Total Number of those claims paid, denied, adjusted or contested within 45 working days or less (Full service plans)				
3.	Percent meeting 45 working day standard (Full service plans)	(% Auto - calculated)	(% Auto- calculated)	(% Auto- calculated)	(% Auto- calculated)
4.	Total Number of those claims paid, denied, adjusted or contested within 30 working days or less (Specialized plans, PPOs)				
5.	Percent meeting 30 working day standard (Specialized plans, PPOs)	(% Auto - calculated)	(% Auto- calculated)	(% Auto- calculated)	(% Auto- calculated)

Reporting Entity	Quarter Ending March 31, 2004 (FN3)
Total Days Receipts on Hand	

(FN2) For reporting purposes, an adjusted claim is a claim that the payor reimburses at a different rate than the provider’s billed charges. Post-payment adjustments, which result from the reconsideration of the original claim payment after the claimant’s inquiry or submission of a dispute, are not included here but should be included in the organizations Annual Dispute Resolution Mechanism Report.

(FN3) Payors when calculating DROH at the end of quarter may use the last Friday of the Quarter or the last calendar day of Quarter so long as the payor reporting is consistent quarter to quarter.

Quarterly Claims Settlement Practices Report – Part II
Reporting Period _____
RBO/Capitated Provider/Claims Processing Organization _____

Indicate any corrective action that the Plan has instituted

- Corrective action plan requested
- Required additional training
- Required additional staffing
- Plan performed more frequent monitoring
- Enrollment freeze
- Breach Notice
- Bi-weekly reporting
- Weekly Reporting
- Plan Monitor placed
- Contracted with additional payors
- De-delegated claims processing
- Provider notice to terminate contract
- Plan terminated contract – Effective Date _____
- Other (Specify)

- No Action Taken

Quarterly Claims Settlement Practices Report – Part III

Reporting Period _____

RBO/Capitated Provider/Claims Processing Organization _____

Disclosure of Emerging Claims Payment Deficiencies

PLEASE CHECK ALL THAT APPLY

For each deficient organization, please identify any of the following deficiencies that were identified:

- Failed to forward at least 95% of misdirected claims consistent with sections 1300.71 (b) (2) (A) and (B) during the reporting period.
- Failed to accept a late claim consistent with sections 1300.71 (b) (4) at least 95% of the time during the reporting period.
- Failed to acknowledge the receipt of at least 95% of claims consistent with section 1300.71 (c) during the reporting period.
- Failed to provide an accurate and clear written explanation of the specific reasons for denying, adjusting or contesting a claim consistent with section 1300.71 (d) (1) at least 95% of the time for the affected claims during the reporting period.
- Failed to contest or deny a claim, or portion thereof, within the timeframes of section 1300.71 (h) and sections 1371 or 1371.35 of the Act at least 95% of the time for the affected claims during the reporting period.
- Failed to provide the required Notice to Provider of Dispute Resolution Mechanism(s) consistent with section 1300.71.38(b) at least 95% of the time for the affected claims during the reporting period.
- Requested reimbursement of an overpayment of a claim inconsistent with the provisions of 1300.71 (b) (5) and (d) (3), (4), (5) and (6) more than 5% of the time for affected claims during the reporting period.

Quarterly Claims Settlement Practices Report – Part III
Reporting Period _____
RBO/Capitated Provider/Claims Processing Organization _____

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